

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>09781715</i>	FILING DATE <i>02-15-01</i>		
							APPLICANT(S)			
							CLAIMS			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/		
2		/					52	/		
3		/					53	/		
4		/					54	/		
5		/					55	/		
6		/					56			
7		/					57			
8		/					58			
9		/					59			
10		/					60			
11		/					61			
12		/					62			
13		/					63			
14		/					64			
15		/					65			
16	/						66			
17		/					67			
18		/					68			
19		/					69			
20		/					70			
21		/					71			
22		/					72			
23	/	/					73			
24		/					74			
25		/					75			
26		/					76			
27		/					77			
28		/					78			
29		/					79			
30		/					80			
31		/					81			
32		/					82			
33		/					83			
34		/					84			
35		/					85			
36		+					86			
37		/					87			
38		/					88			
39		/					89			
40		/					90			
41	/						91			
42		/					92			
43		/					93			
44		/					94			
45		/					95			
46		/					96			
47		/					97			
48		/					98			
49		/					99			
50		/					100			
TOTAL IND.							TOTAL IND.	4		
TOTAL DEP.							TOTAL DEP.	51		
TOTAL CLAIMS							TOTAL CLAIMS	55		